



Request for a Route/Bus Stop Change

Many APS families request changes, particularly for afternoon transportation to accommodate childcare, after school activities or other special needs. All requests for morning or evening changes must be for five days per week. We can accommodate a request if there is space available on an existing bus route. We cannot create a new bus stop on any route; therefore, if possible, your child will be assigned to an existing stop on a bus route that is closest to your destination. Exceptions will be made on a case-by-case basis.

Please complete this request form in its entirety. Missing information may delay a final decision.

Date of Request _____
Student Name _____
Student Number _____
School Name _____
Parent/Guardian Name _____
Daytime Telephone _____
Evening Telephone _____

Requested Pick-up/Drop-off Address _____
(Please note that bus stops may be a short distance away from the requested destination. Actual stop location determined by Transportation.)

My Child has a 504 Plan or IEP that includes Transportation as a related service:

- Yes
- No

Change Request: Morning
 Afternoon

Request will be: Annual
 Other

Please explain _____

Originating or Final Destination:

- Legal Residence
- Alternate Address

Please specify/explain alternate address for pickup or drop off _____

Other Comments _____

Parent/Guardian Signature _____ Date _____

Principal/Designee Signature _____ Date _____

Please print/fax/email/hand deliver this request to your child's school. During the school year, requests are usually processed within 48 hours. It may take longer at the start of the school year because of the many changes in busloads and routes that occur while we work to accommodate newly-enrolled students. You will be notified by the school as soon as Transportation Services determines whether or not your request can be fulfilled and when it will take effect. Thank you for your understanding.

*******Below to be filled out by the authorized APS personnel only*******

Transportation Services Recommendation/Decision

- Seat Available – Approved
- No Seat Available – Recommend Disapproval
- Refer to Safety Trainer
- Within Walk Zone – Disapproved
- No Existing Stop Nearby – Disapproved
- Out of School Attendance Area – Disapproved
- Unsafe Location – Disapproved
- Other – Disapproved; Reason _____

Safety Trainer's Name _____ Date _____

Other Comments _____

Approved Disapproved

Director or Designee Name _____ Date _____